



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, CA 90020
(213) 351-5602

JACKIE CONTRERAS, Ph.D.
Interim Director

Board of Supervisors
GLORIA MOLINA
First District
MARK RIDLEY-THOMAS
Second District
ZEV YAROSLAVSKY
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

April 27, 2011

To: Supervisor Michael D. Antonovich, Mayor
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe

From: Jackie Contreras, Ph.D.
Interim Director

SAN GABRIEL CHILDREN'S CENTER CONTRACT COMPLIANCE MONITORING REVIEW

In accordance with your Board's April 14, 2009 motion, we are informing your Board of the results of a group home compliance review.

San Gabriel Children's Center is located in the 5th Supervisorial District and provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth and Probation Department youth. According to San Gabriel Children's Center's program statement, its stated goal is "to develop the strengths within each child by providing a safe, nurturing, and appropriately challenging environment for behavioral and emotional growth." San Gabriel Children's Center is licensed to serve a capacity of 24 boys ages 12-17.

The Out-of-Home Care Management Division (OHCMD) conducted a review of San Gabriel Children's Center in August 2010, at which time the agency had four six-bed sites and 10 placed DCFS children. All 10 of the children were males. For the purpose of this review, all 10 children's case files were reviewed and nine of the 10 were interviewed; one child was unavailable as he was on an extended home visit. The placed children's overall average length of placement was 15 months and their average age was 15. Nine staff files were reviewed for compliance with Title 22 regulations and contract requirements.

All 10 children were on psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations and to confirm that medication logs documented correct dosages were being administered as prescribed.

SCOPE OF REVIEW

The purpose of this review was to assess San Gabriel Children's Center's compliance with the contract and State regulations. The visit included a review of San Gabriel Children Center's program statement, administrative internal policies and procedures, 10 children's case files, and a random sampling of personnel files. A visit was made to the sites to assess the quality of care and supervision provided to the children and interviews were conducted with the children to assess the care and services they were receiving.

A copy of this report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

SUMMARY

Generally, San Gabriel Children's Center was providing services as outlined in its program statement. The children's case files and personnel files were well organized and professionally maintained. The sites were cleaned and adequately landscaped. Eight of the nine children interviewed disclosed that they felt safe at the Group Home.

At the time of the review, the Group Home needed to address a few minor physical plant deficiencies. The Group Home also needed to develop comprehensive Needs and Services Plans (NSP), obtain the DCFS Children's Social Workers' (CSW) authorization to implement the NSPs, and appropriately document CSWs' monthly contacts. In addition, the Group Home needed to ensure that court-approved authorizations were obtained for all children prescribed psychotropic medication, and that age-appropriate children were provided Youth Development Services, emancipation planning, and extra-curricular activities.

The Residential Director and her staff were accessible and cooperative and expressed their willingness to make the necessary corrections regarding the findings highlighted during the review.

NOTABLE FINDINGS

The following are the notable findings of our review:

- One child's bedroom had no bed linens at the time of the review. The Residential Director stated that the child was exhibiting behavior problems that day and had stripped his bed of all linens. The closets in the children's bedrooms in all four sites needed doors or curtains so that children's clothes and other personal belongings were not visible to those who enter their rooms. The Residential Director said that the Group Home provided curtains for all the closets to prevent children's personal belongings from being exposed, however at the time of the review some curtains were being cleaned and the Group Home was in the process of getting new curtains for others.
- Of the 10 initial NSPs required, only five were reviewed because the other five were previously reviewed in 2009. Twenty updated NSPs were also reviewed. Four of the five initial NSPs and 15 of the 20 updated NSPs were not comprehensive and did not meet all

the required elements in accordance with the NSP template. The NSPs did not have the required children's and DCFS CSWs' signatures. Some did not have adequate details on Group Home contact with CSWs and adequate details on visits with family members. Some NSPs did not have the court date for the authorization for psychotropic medication or school enrollment dates.

Additionally, the Group Home had no documentation indicating it had obtained the DCFS CSW's authorization to implement the NSP for one child. The Residential Director said that CSW's authorization is always requested; however the information was not documented in the child's NSPs.

- One of the nine children interviewed said he was not participating in Youth Development Services or emancipation planning. The Residential Director said that age-appropriate children are given opportunities to participate in Youth Development Services (YDS) and emancipation program, and documentation was later provided showing that the child had subsequently been enrolled in YDS.
- One of the nine children interviewed said he was not participating in extra-curricular activities. The Residential Director said that children are given opportunities to participate in extra-curricular activities and provided documentation showing incentives the different sites use to encourage children to participate in extra-curricular activities; however this child stated he did not participate. While the documentation provided indicated that the Group Home encouraged age-appropriate children to participate in extra-curricular activities, it was not specific to this child.
- While current psychotropic medication logs were properly maintained for all 10 children prescribed psychotropic medication and psychiatric evaluations were conducted, a current court authorization was not on file for one of the 10 children prescribed psychotropic medications. The Group Home Residential Director said that they submitted the request for court authorization of psychotropic medication for the child prior to the review, which the DCFS Monitor confirmed; however, the request was submitted 103 days after the child's initial placement.
- Three children's initial dental exams were not timely. One child's exam was six months late, another child's exam was three months late, and the third child's exam was 33 days late. The Group Home submitted documentation explaining why the three children did not receive their dental exams timely; however, no efforts to contact the three children's CSWs for assistance were found. Two other children's initial dental exams were not timely conducted because of their acting out behavior, refusal to be transported and or suicidal ideation at the time. One of the two children subsequently received his dental exam in September 2010; however, this child had been placed in May 2010. Attempts to transport him for his initial dental exams failed in June and July because he was hospitalized; however, no attempt to obtain the child's dental in August 2010 was found. The other child who was also hospitalized during his first 30 days was discharged from the Group Home after the review.

- Documentation of three staff member's ongoing training was not found. This was brought to the attention of the Residential Director during the exit conference. She stated that the staff members may have been given ongoing training, but that the information was not documented in their files. In addition, these three staff members worked part-time and her understanding was that they did not need the required 20 hours of annual ongoing training. However, Title XXII and the Group Home program statement do not provide exceptions to on-going required training for part-time personnel.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held on October 22, 2010:

In attendance:

Ruth Sigala, Residential Director, San Gabriel Children's Center, Dr. Gurucharan Khalsa, Clinical Director, San Gabriel Children's Center, Hector Rodriguez and Lynette Hanna, Site Administrators, San Gabriel Children's Center, and Kirk Barrow, Monitor, DCFS OHCMD.

Highlights:

The Residential Director was in agreement with many of the findings and recommendations. During the exit conference, she stated that San Gabriel Children's Center continues to improve its documentation in the NSPs. She also confirmed that staff are encouraged to ensure that the NSPs are comprehensive.

The Residential Director made it clear that all the children were allowed opportunities to be involved in extra-curricular activities. She also stated that all efforts are made to obtain court authorizations for psychotropic medication and, as observed by the DCFS Monitor during the review, the request was made for the one court authorization that was not current. Court authorization for this child was later received after the exit conference.

The draft report was sent to the Group Home Administration for comments; however, OHCMD did not receive a response in the allotted timeframe. Therefore, OHCMD proceeded with finalizing the report.

As agreed, San Gabriel Children's Center provided a timely written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The CAP is attached.

As noted in the monitoring protocol, a follow-up visit will be conducted to address the provider's approved CAP and assess for full implementation of recommendations.

SAN GABRIEL CHILDREN'S CENTER

PAGE 5

If you have any questions, please call me or your staff may contact Aldo Marin, Board Relations Manager, at (213) 351-5530.

JC:RS:KR

EAH:DC:kb

Attachment

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Donald H. Blevins, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Carol Facciponti-Malcolm, President, Board of Directors, San Gabriel Children's Center
Porfirio Rincon, Executive Director, San Gabriel Children's Center
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

**SAN GABRIEL CHILDREN'S CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW-SUMMARY**

San Gabriel Children's Center
19832 Rambling Road
Covina, California 91724
License Number 197802232
Rate Classification Level 14

San Gabriel Children's Center
19605 East Puente Street
Covina, California 91724
License Number 197801309
Rate Classification Level 14

San Gabriel Children's Center
5329 Homerest Ave.
Azusa, California 91720
License Number 197802791
Rate Classification Level 14

San Gabriel Children's Center
373 S. Enid Ave.
Azusa, California 91720
License Number 197804534
Rate Classification Level 14

| | Contract Compliance Monitoring Review | Findings: August 2010 |
|-----|---|---|
| I | <u>Licensure/Contract Requirements</u> (9 Elements) <ol style="list-style-type: none"> 1. Timely Notification for Child's Relocation 2. Stabilization to Prevent Removal of Child 3. Transportation 4. SIRs 5. Compliance with Licensed Capacity 6. Disaster Drills Conducted 7. Disaster Drill Logs Maintenance 8. Runaway Procedures 9. Allowance Logs | Full Compliance (ALL) |
| II | <u>Facility and Environment</u> (6 Elements) <ol style="list-style-type: none"> 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food | <ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance |
| III | <u>Program Services</u> (8 Elements) <ol style="list-style-type: none"> 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Therapeutic Services Received 6. Recommended Assessments/Evaluations Implemented 7. DCFS CSWs Monthly Contacts Documented 8. Comprehensive NSPs | <ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Improvement Needed |

| | | |
|-----|---|---|
| IV | <u>Educational and Youth Development Services</u> (4 Elements) <ol style="list-style-type: none"> 1. Emancipation/Vocational Programs Provided 2. ILP Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards Maintained | <ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance |
| V | <u>Recreation and Activities</u> (3 Elements) <ol style="list-style-type: none"> 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-Curricular, Enrichment and Social Activities | <ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Improvement Needed |
| VI | <u>Children's Health-Related Services (including Psychotropic Medications)</u> (9 Elements) <ol style="list-style-type: none"> 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-up Medical Exams Timely 7. Initial Dental Exams Conducted 8. Initial Dental Exams Timely 9. Follow-Up Dental Exams Timely | <ol style="list-style-type: none"> 1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Improvement Needed 9. Full Compliance |
| VII | <u>Personal Rights</u> (11 Elements) <ol style="list-style-type: none"> 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication | Full Compliance (ALL) |

| | | |
|------|--|--|
| VIII | <u>Children's Clothing and Allowance</u> (8 Elements) <ol style="list-style-type: none"> 1. \$50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book | Full Compliance (ALL) |
| IX | <u>Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)</u> (12 Elements) <ol style="list-style-type: none"> 1. Education/Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's License 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. Ongoing Training Documentation 12. Emergency Intervention Training Documentation | <ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Improvement Needed 12. Full Compliance |

**SAN GABRIEL CHILDREN'S CENTER GROUP HOME
PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW**

**San Gabriel Children's Center
19832 Rambling Road
Covina, California 91724
License Number 197802232
Rate Classification Level 14**

**San Gabriel Children's Center
19605 East Puente Street
Covina, California 91724
License Number 197801309
Rate Classification Level 14**

**San Gabriel Children's Center
5329 Homerest Ave.
Azusa, California 91720
License Number 197802791
Rate Classification Level 14**

**San Gabriel Children's Center
373 S. Enid Ave.
Azusa, California 91720
License Number 197804534
Rate Classification Level 14**

The following report is based on a "point in time" monitoring visit and is only intended to report on the findings noted during the August 2010 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of 10 children's files and nine staff files and/or documentation from the provider, San Gabriel Children's Center was in full compliance with three of nine sections of our Contract Compliance review: Licensure/Contract Requirements, Personal Rights and Clothing and Allowance. The following report details the results of our review:

FACILITY AND ENVIRONMENT

Based on our review of 10 children case files and/or documentation from the provider, San Gabriel Children's Center fully complied with five of six elements reviewed in the area of Facility and Environment.

Generally, the exterior of the Group Home was well maintained. The front and back yards were clean and adequately landscaped and common quarters were well maintained.

The Group Home maintained a sufficient supply of perishable and non-perishable foods. The Group Home provided a home-like environment, provided on-site educational resources and age-appropriate accessible recreational equipment. The mattresses on the children's beds were comfortable, however one child's bed did not have bed linens. This was observed during the site inspection and was later brought to the attention of the Residential Director who stated that the child was exhibiting behavior problems that day and had stripped his bed of all linens. Also, the closets in all four sites needed doors or curtains so that children's clothes and other personal items were not visible. The Residential Director stated that at the time of the review the curtains were being cleaned and others were being replaced due to their condition. The Group Home was in the process of getting new curtains.

Recommendation:

San Gabriel Children's Center Management shall ensure that:

1. The children's bedrooms are well maintained.

"To Enrich Lives Through Effective and Caring Service"

PROGRAM SERVICES

Based on our review of 10 children's files and/or documentation from the provider, San Gabriel Children's Center fully complied with five of eight elements reviewed in the area of Program Services.

We noted that placed children met the Group Home's population criteria as outlined in its program statement and they were assessed for needed services within 30 days and were receiving the required therapeutic services.

Based on our review, we found that the treatment team developed and implemented the Needs and Services Plans (NSP) and discussed NSPs with the Group Home staff. However, of the 25 NSPs reviewed, just six were comprehensive and met all the required elements in accordance with the NSP template. Four of five initial NSPs and 15 of 20 updated NSPs were not comprehensive and did not meet all the required elements in accordance with the NSP template. Some NSPs did not have the child's or DCFS Children's Social Worker's (CSW) signature. Some did not have adequate details on Group Home contact with CSWs or adequate details on visits with family members. Some NSPs did not have court dates for the authorization for psychotropic medication or school enrollment dates. Additionally, the Group Home did not provide documentation that it had obtained the DCFS CSW's authorization to implement the NSP for one child. The Residential Director said that CSWs' authorization is always requested; however, the information was not documented in the child's NSPs.

Recommendations:

San Gabriel Children's Center Management shall ensure that:

2. Comprehensive NSPs are developed.
3. It obtains the DCFS CSWs' authorization to implement the NSPs.
4. DCFS CSWs are contacted on a monthly basis and the contacts are appropriately documented.

EDUCATIONAL AND YOUTH DEVELOPMENT SERVICES

Based on our review of 10 children's files and/or documentation from the provider, San Gabriel Children's Center fully complied with three of four elements reviewed in the area of Educational and Youth Development Services.

Based on our review, the Group Home provided children with opportunities to participate in youth development and vocational training programs. Current IEPs were maintained and current copies of the children's report cards or progress reports were maintained. However, one child disclosed that he was not enrolled in Youth Development Services (YDS) and no documentation was found that these services were provided in accordance with the developmental expectations of the child. The Residential Director stated that age-appropriate children were given opportunities to participate in YDS and documentation was provided after the review that the child had since been enrolled in YDS.

Recommendation:

San Gabriel Children's Center Management shall ensure that:

5. Youth Development Services are provided and attended in accordance with the developmental level of the child.

RECREATION AND ACTIVITIES

Based on our review of 10 children's files and/or documentation from the provider, San Gabriel Children's Center fully complied with two of three elements in the area of Recreation and Activities.

Children were given opportunities to plan and participate in activities at the Group Home, in the community and at school. However, one child said that he was not given opportunities to participate in age-appropriate extra-curricular, enrichment and social activities in which he had expressed an interest. The Residential Director said that the children were given opportunities to participate in extra-curricular activities and provided documentation showing incentives the different sites used to encourage children to participate in extra-curricular activities. However, the documentation provided was site specific and not child specific; this child stated he did not participate and there was no documentation provided by the Group Home that was specific to this child.

Recommendation:

San Gabriel Children's Center Management shall ensure that:

6. Children are given opportunities to be involved in extra-curricular activities of their choice.

CHILDREN'S HEALTH-RELATED SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of 10 children's files and/or documentation from the provider, San Gabriel Children's Center fully complied with six of nine elements in the area of Children's Health-Related Services, including Psychotropic Medication.

All 10 children on psychotropic medication had current psychiatric evaluations/reviews with their psychiatrist. Initial medical examinations and follow-up medical/dental examinations were conducted timely. Medication logs were properly maintained for each child on psychotropic medication. However, one child who was placed at the Group Home for three months prior to the review did not have a current court-approved authorization for the administration of psychotropic medication. The Group Home did make an attempt to obtain a psychotropic court authorization for that child but this was 103 days after his placement. Since the review, the Group Home received a current court authorization for psychotropic medication for the child. In addition, three children received their initial dental examinations late. One child's exam was six months late, another child's exam was three months late, and the third child's exam was 33 days late. The Group Home submitted documentation showing failed attempts

SAN GABRIEL CHILDREN'S CENTER
PAGE 4

to take the three children for their initial dental exams; however, no documentation was found that the CSWs were contacted for assistance in getting the children to the dentist. Two other children's initial dental exams were not conducted because of their acting out behavior, refusal to be transported and/or suicidal ideation at the time. One of the two children subsequently received his dental exam in September 2010. However, this child was placed in May 2010, and attempts to transport him for his initial dental exams failed in June and July because this child was hospitalized. No attempt to obtain the child's dental exam in August 2010 was found. The other child who was also hospitalized during his first 30 days has since been discharged from the Group Home. The Residential Director said that the Group Home always considered it a priority for the children to obtain their dental exams timely and would take steps to ensure children's dental exams were timely in the future.

Recommendations:

San Gabriel Children's Center Management shall ensure that:

7. All children have a current court-authorization for psychotropic medication.
8. All children have dental examinations conducted.
9. All children have timely initial dental examinations.

PERSONNEL RECORDS

Based on our review of nine staff personnel files and/or documentation from the provider, San Gabriel Children's Center fully complied with 11 of 12 elements reviewed in the area of Personnel Records.

All nine staff reviewed met the educational/experience requirements, submitted timely criminal fingerprint cards, Child Abuse Central Index (CACI) clearances and signed criminal background statements in a timely manner. They also received timely health screenings, had valid drivers licenses, and completed CPR and First Aid Training. All nine staff members who were required to have initial training received the required training. All nine required staff members signed copies of the Group Home policies and procedures, and all nine received emergency intervention training. However, three part-time staff did not receive the required ongoing training; Title 22 and the Group Home program statement do not provide exceptions to required ongoing training for part-time staff. The Group Home Residential Director stated that in future the Group Home would ensure that part-time staff members received the training as required and document that the training was completed in personnel files.

Recommendation:

San Gabriel Children's Center Management shall ensure that:

10. All direct care staff receive the required ongoing training in a timely manner.

PRIOR YEAR FOLLOW-UP FROM THE AUDITOR-CONTROLLER'S (A-C) REPORT

Objective

Determine the status of the recommendations reported in the A-C's last monitoring review.

Verification

We verified whether the outstanding recommendations from the last A-C's report issued January 20, 2009 were implemented.

Results

The A-C's prior monitoring report contained 23 outstanding findings. Specifically, San Gabriel Children's Center was to ensure that at the Cypress site it repaired the patio cover, completed the unfinished window repair work and cleaned the kitchen oven. At the Enid site the Group Home was to replace the carpet throughout the Group Home, replace the sofa in the living room, replace the missing light fixture cover in the dining room, replace the mattress in bedroom three and inform children of their right to refuse medication. At the Homerest site, the Group Home was to repair the kitchen counter, repair the baseboard in the children's bathroom and replace the mattress in bedroom four. At the Nearfield site, the Group Home was to repair the kitchen counter, replace the broken stove burner, clean the kitchen oven and replace the stained bed pillows. The Rambling site was to repair the fence, repair or replace the garage door, replace the carpet on the second floor, replace the computer desk and remove the mildew from the baseboard area in bathroom two. The Enid and Puente sites were also to inform children of their right to refuse medication, and all five sites were to provide children with opportunities to select their own clothes and encourage and assist children in creating and maintaining photo albums/life books. Based on our follow up of these recommendations, San Gabriel Children's Center closed the Cypress site and had fully implemented all of the A-C's recommendations at the remaining open sites.



San Gabriel Children's Center, Inc.

Approved
9/29/11

September 20, 2011

Corothy Chanier
Out of Home Care Management Division
9320 Teistar Ave. Room 216
El Monte, CA 91731

Re: Group Home Monitoring Review Field Exit Summary Corrective Action Plan - ADDENDUM

Dear Ms. Chanier:

In response to your Monitoring Review Field Exit Summary findings, I have included our Corrective Action Plan and documentation to finalize the audit.

II. Facility and Environment

11. Are common quarters well maintained?

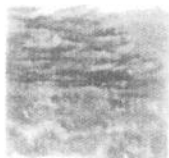
- The stove burner had one igniter which was not working during the time of the review. This was repaired on 8/2/11. Staff will continue to conduct daily inspections to ensure common quarters are well maintained.

III. Maintenance of Required Documentation and Service Delivery

20. Are the sampled children progressing toward meeting the Needs and Services Plans case goals?

SGCC will ensure that in future staff follows agency guidelines to assist the client's in meeting the Needs and Services Plans case goals.

- Treatment goals are developed to be specific, measureable, and attainable to ensure client's progress toward meeting their individualized case goals.
- Interdisciplinary Treatment Team Meetings are held monthly. Progress is reviewed and documented during these meetings on the Interdisciplinary Treatment Plan form which is filed in the client's chart. The team addresses barriers to meeting documented goals and develops updated goals as needed.



San Gabriel Children's Center, Inc.

- * Treatment goals are developed in collaboration with clients (and families/caregivers, where appropriate). The goals are discussed with the Residential House Manager to ensure clients are assisted in making progress toward meeting their goals.

22. Did the treatment team develop comprehensive initial Needs and Services Plans with the child?

SGCC will ensure that in future staff follows agency guidelines to develop comprehensive NSP's with the child.

- * The Mental Health Program Manager and Director of Residential Services will provide an updated training to clinicians on how to complete NSPs to ensure they are comprehensive and complete with detailed information. Due to a significant change in clinical staff, there has been a learning curve on how to complete these documents.
- * The Clinical Manager will review and approve all NSP's to ensure the documentation is comprehensive and submitted accurately.

26. Does the agency assist the children in maintaining important relationships?

- * SGCC will ensure that in future staff follows agency guidelines to assist the children in maintaining important relationships. A Mentor and/or CASA worker is requested by the clinician for all clients who do not have relatives or a stable adult in their lives. Efforts to obtain referrals by the CSW's will be documented in the Needs and Services Plan. Additionally, SGCC staff (clinicians and house managers) will assist the children with identifying, developing and maintaining important relationships. This will be implemented by initiating contact, assisting with transportation to and/or from visits, encouraging the children to keep in contact via phone calls, letters, visits, etc., and processing with the children on the importance of maintaining the relationships they are building.

28. Did the treatment team develop comprehensive updated Needs and Service Plans with the child?

- * SGCC will ensure that in future staff follows agency guidelines to develop comprehensive NSP's with the child. A new protocol has been implemented to ensure updated NSP's are comprehensive and developed with the child. The report will be reviewed by the Mental Health Program Manager to ensure it is all-inclusive and completed accurately.



San Gabriel Children's Center, Inc.

V. Health and Medical Needs

41. Are initial dental examinations timely?

- * SGCC will ensure that in the future, initial exams are timely and are completed within the first 30 days after a child is placed at our agency. With regards to [REDACTED]'s initial dental exam, it was scheduled after the 30 days due to issues with Medi-cal. The Probation officer was made fully aware of this issue. Please see attached document to support this.

VII. Personal Rights and Social/Emotional Well-Being

52. Are consequences fair?

- * SGCC will ensure that in future staff follows agency guidelines to ensure consequences are fair. Based on the interviews conducted during the review, only one of the seven residents interviewed verbalized that the consequences are not fair. San Gabriel Children's Center's consequences are deemed developmentally appropriate for this population.

56. Are children informed about their medication?

- * SGCC will ensure that in future staff follows agency guidelines to ensure children are informed about their medication. All children are informed about their medications by the psychiatrist and Licensed Psychiatric Technician during psychiatric consultations.

58. Are children given opportunities to participate in planning activities?

- * SGCC will ensure that in future staff follows agency guidelines to give the children opportunities to participate in planning activities. On a monthly basis, the residents participate in a group discussion to identify which activities they would like to plan for the month. This list is then given to the Activities Coordinator who inputs the information in the monthly activity calendar that is posted at the group home.

As a result of these findings, Director of Residential Services, Ruth Sigala will be responsible for ensuring that the CAP will be fully implemented. It is expected that all of these procedures will be addressed and implemented within the next 30 days.

Should you need any further information, my email address is ruthsigala@sangabrielchild.com and my work telephone number is 626.859.2089.



San Gabriel Children's Center, Inc.

Respectfully,

Ruth Sigala, MA
Director of Residential Services
San Gabriel Children's Center, Inc.

Portino Rincón, President/CEO; Ganucharan Khalsa, Vice President of Programs

SGCC

San Gabriel Children Center

SPECIAL INCIDENT INTERNAL COMMUNICATION REPORT

☒ TLH 1 ☐ TLH 2 ☐ HOMEREST ☐ ENID

Resident(s) Involved [REDACTED] 11/12/93 3/23/11 LAPRO NONE
NONE NONE

Staff Involved: [REDACTED]

TYPE OF INCIDENT

- | | | |
|---|---|---|
| <input type="checkbox"/> Chronic out of area, Runaway | <input type="checkbox"/> Medication Error | <input type="checkbox"/> Pro-Act intervention |
| <input type="checkbox"/> Physical Assaults, with/Injury | <input type="checkbox"/> Staff related incident | <input type="checkbox"/> School Incident |
| <input type="checkbox"/> Sexually Related Incident | <input type="checkbox"/> Property Damage | <input type="checkbox"/> Police Involvement |
| <input type="checkbox"/> Injury/ Illness | <input type="checkbox"/> Alleged Child Abuse | <input type="checkbox"/> Community Involvement |
| <input type="checkbox"/> Suicidal Behaviors | <input type="checkbox"/> Substance Abuse | <input checked="" type="checkbox"/> Other: Medi-Cal # issue |

DESCRIPTION:

Resident [REDACTED] was unable to attend his scheduled dentist appt with Dr. Alas due to client's medical number being mistakenly deemed invalid at the time of his appointment. House Manager [REDACTED] was able to obtain his correct information and submit it to the dentist office for approval. [REDACTED] appointment was then rescheduled for May 17, 2011 at 11am which he attended without problem. Manager [REDACTED] informed resident's PO of the incident initially by phone during the week of 4/4/11 - 4/8/11. The issue was again addressed in person with the P.O. during his monthly visit on 4/20/11 and the P.O. indicated that she would work towards obtaining a current Medi-Cal #.

Client [REDACTED] did not receive his initial dental exam withing his initial 30 days of placement due to issues with his Medi-Cal #. The Probation Office was notified by House Manager [REDACTED] of the issue and it was eventually resolved. Client [REDACTED] has since completed the initial dental exam and the P.O. was notified.

Hector Gonzalez

SGCC

San Gabriel Children Center

Site Administrator
San Gabriel Children's Center

STAFF MAKING THE REPORT: [REDACTED]
Date: 4/23/11 Time: 12:00 p.m.

ADDENDUM:

[REDACTED]